

We are exclusive Part 135 Air Medical operator. Our fleet consists of 42 helicopters and 1 King Air. The King Air does have a MCTW of 12,500 lbs, however it is normally operated well below MCTW, with a flightcrew of 2, medical staff of 2 and 1 patient. We believe this rule should be for aircraft with a MCTW of more than 12,500 pounds.

Modification of the aircraft to secure cockpit access will be onerous and expensive. We anticipate major modification to the aircraft. Such modification will require a detailed approval process which could take several weeks even when expedited. Not desirable for an air ambulance.

The Ground Security Coordinator requirement is another issue. We operate from airports without advance notice. How do we comply? Will the PIC have authorization to perform the task? What are the training requirements to allow this?

There seems to be conflict with FAR Part 135 concerning authorization to carry a weapon. How will this be resolved?

As operators we require guidance concerning the fingerprint based CHRC so we don't violate the rights of applicants and current flight crewmembers. Such as Appendix I & J of Part 121 concerning drug and alcohol screens.

What will be done about the non Part 135 operators? These include the Fortune 500 companies flight departments and the fractional ownership industry. Hundreds of these aircraft operate daily domestically and internationally. A large segment of the US fleet appears to be left unregulated.

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